



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90051-4917



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

June 20, 2002

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Jorge A. Lopez, in amount of \$8,017
John O. Sabuncu, in amount of \$13,826.20
Alejandro Polo, in amount of \$32,588.88
Stephanie L. Meacham, in amount of \$6,901.20

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

The Honorable Board of Supervisors
June 20, 2002
Page 2

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:DD:

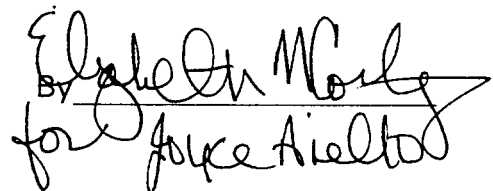
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Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel



DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 43A
DATE: June 20, 2002

Amount of Aid	\$89,070.00	Account Number	250 14 44
Amount Paid	.00	Name	Lopez, Jorge A.
Balance Due	89,070.00	Service Date	12/25/00 to 01/05/01
Compromise Amount Offered	8,017.00	Facility	MLK Drew Medical Center
Amount to be Written Off	\$81,053.00	Service Type	Inpatient

JUSTIFICATION

Mr. Lopez was involved in an automobile versus automobile accident. He was treated at Martin Luther King Drew Medical Center at a cost of \$89,070.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,017.00	\$ 8,017.00	32.06%
Attorney Cost	949.00	949.00	3.80%
County of Los Angeles	89,070.00	8,017.00	32.07%
Net to Client	N/A	8,017.00	32.07%
Total	\$98,036.00	\$25,000.00	100.00%

Our financial investigation reveals that Mr. Lopez supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 43B
DATE: June 20, 2002

Amount of Aid	\$54,330.00	Account Number	10512529
Amount Paid	10,576.00	Name	Sabuncu, John O.
Balance Due	43,754.00	Service Date	06/12/00 to 08/02/00
Compromise Amount Offered	13,826.20	Facility	LAC USC Medical Center
Amount to be Written Off	\$29,927.80	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Sabuncu was involved in a bicycle accident. He was treated at LAC USC Medical Center at a cost of \$54,330.00. Medi-Cal covered \$10,576.00 for two days of inpatient surgical care.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$22,500.00	\$22,500.00	45.00%
Attorney Cost	6,032.82	6,032.82	12.07%
State Dept. of Health Services	10,576.00	1,271.67	2.54%
Nubar Omekian, M.D., DPM	550.00	550.00	1.10%
Beno Nersissian, M.D.	800.00	800.00	1.60%
County of Los Angeles	43,754.00	13,826.20	27.65%
Net to Client	N/A	5,019.31	10.04%
Total	\$84,212.82	\$50,000.00	100.00%

Our financial investigation reveals that Mr. Sabuncu supports himself and family of four with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 43C
DATE: June 20, 2002

Amount of Aid	\$370,160.00	Account Number	10538600
Amount Paid	.00	Name	Polo, Alejandro
Balance Due	370,160.00	Service Date	10/30/00 to 01/08/01
Compromise Amount Offered	32,588.88	Facility	LAC USC Medical Center
Amount to be Written Off	\$337,571.12	Service Type	Inpatient

JUSTIFICATION

Mr. Polo was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$370,160.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,176.37	\$33,176.37	33.18%
Attorney Cost	470.87	470.87	0.47%
Los Angeles City Fire Department	587.50	587.50	0.58%
County of Los Angeles	370,160.00	32,588.88	32.59%
Net to Client	N/A	33,176.38	33.18%
Total	\$404,394.74	\$100,000.00	100.00%

Our financial investigation reveals that Mr. Polo is unemployed and lives with family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 43D
DATE: June 20, 2002

Amount of Aid	\$46,008.00	Account Number	10635596
Amount Paid	.00	Name	Meacham, Stephanie L.
Balance Due	46,008.00	Service Date	11/26/01 to 12/01/01
Compromise Amount Offered	6,901.20	Facility	MLK Drew Medical Center
Amount to be Written Off	\$39,106.80	Service Type	Inpatient

JUSTIFICATION

Ms. Meacham was involved in an automobile versus automobile accident. She was treated at Martin Luther King Drew Medical Center at a cost of \$46,008.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	93.00	93.00	0.62%
Suburban Medical	9,945.20	1,491.78	9.95%
American Medical Response	465.66	69.85	0.47%
Emergency Ambulance	514.00	77.10	0.51%
County of Los Angeles	46,008.00	6,901.20	46.00%
Net to Client	N/A	1,367.07	9.12%
Total	\$62,025.86	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Meacham is supported by relatives. She has no other source of income or tangible assets.